PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

| maintenance fee notifica | ttions. | | | | | arate "FEE ADDRESS" for |
|--|---|--|--|---|---|---|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | |
| 22913 | 7590 02/09 | 9/2009 | nav | | - | |
| Workman Nyc 1000 Eagle Gate 60 East South T | e Tower emple | | I he Stat add tran | Certificate of Mailing or Transmission I hereby certify that this Feefs Transmission and the peefs Transmission States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE EEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below | | |
| Salt Lake City, | UT 84111 | | | | | (Depositor's name) |
| | | | | | | (Signature) |
| | | | | | | (Date) |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 10/567,799 | 02/09/2006 | | Yusai Murakami | | 16169.25.5 | 3058 |
| TITLE OF INVENTIO ESTIMATING METHO | | TTERY VOLTAGE CO | RRECTING METHOD A | ND UNIT AND B | ATTERY RESIDUAL C | APACITY |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE | FEE TOTAL FEE(8) DUE | DATE DUE |
| nonprovisional | NO | \$1510 | \$300 | \$0 | \$1810 | 05/11/2009 |
| EXAM | INER | ART UNIT | CLASS-SUBCLASS | | | |
| TSO, EDWARD H | | 2838 | 320-132000 | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address for Change of Correspondence Address for PiCOSB1/23 Jackached. Tee Address form PiCOSB1/23 Jackached. PTee Address" indication for "Fee Address" Indication form PTOSB1/24 Jack cot Sci 2 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered potent attorneys or agents OR, alternatively. (2) the names of a single firm (having as a member a registered attorney or agent) and the names of up to 18ted, no name will be printed. | | | |
| | | | THE PATENT (print or ty) data will appear on the p T a substitute for filing an | | e is identified below, the | locument has been filed for |
| (A) NAME OF ASSIGNEE | | | (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | |
| PANASONIC EV ENERGY CO., LTD. | | | KOSAI-SHI, JAPAN | | | |
| Please check the approp | riate assignee category or | categories (will not be p | rinted on the patent): | Individual 🖵 Cor | poration or other private gr | oup entity 🗖 Government |
| 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply as | | | | | previously paid issue fee | shown above) |
| X Issue Fee | | | A check is enclosed. | | | |
| ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies | | | ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 2,3-3,178 (enclose an extra copy of this form). | | | |
| Advance Order - | # of Copies | | overpayment, to Depo | sit Account Number | 23-3178 (enclose | n extra copy of this form). |
| | itus (from status indicate is SMALL ENTITY stati | | ☐ b. Applicant is no lon | per claiming SMALI | L ENTITY status. See 37 C | FR 1.27(a)(2) |
| | | | | | | he assignee or other party in |
| | | | Onice. | | | |
| Authorized Signature /R. Burns Israelsen/Reg #42685 | | | Date March 20, 2009 | | | |
| Typed or printed name R. Burns Israelsen | | | Registration No. 42685 | | | |
| This collection of inform an application. Confider submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 22: | nation is required by 37 C tiality is governed by 35 d application form to the ions for reducing this bu /irginia 22313-1450. DO 313-1450. | CFR 1.311. The information of U.S.C. 122 and 37 CFR U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the D NOT SEND FEES OR | on is required to obtain or a 1.14. This collection is est depending upon the indiv e Chief Information Office COMPLETED FORMS TO | etain a benefit by the imated to take 12 m idual case. Any con er, U.S. Patent and T D THIS ADDRESS. | e public which is to file (an inutes to complete, includi innents on the amount of ti rademark Office, U.S. Dep SEND TO: Commissioner | d by the USPTO to process) ng gathering, preparing, and me you require to complete sartment of Commerce, P.O. for Patents, P.O. Box 1450, |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.